ON POINT FOR THE NATION

USAREUR Safety Office

How to fill out an AGAR

A self-paced tutorial to assist you in completing the DA Form 285-AB-R, The US Army Abbreviated Ground Accident Report.

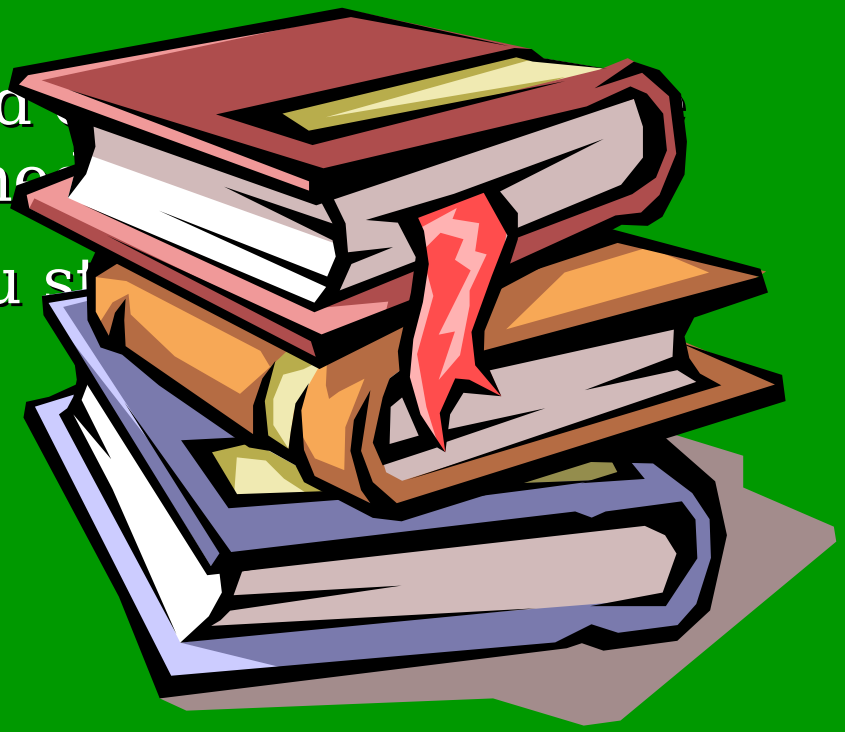
So, you have completed your safety investigation and been tasked to complete the DA FORM 285-AB-R, the US Army Abbreviated Ground Accident Report (AGAR). ***Now What do you do?***

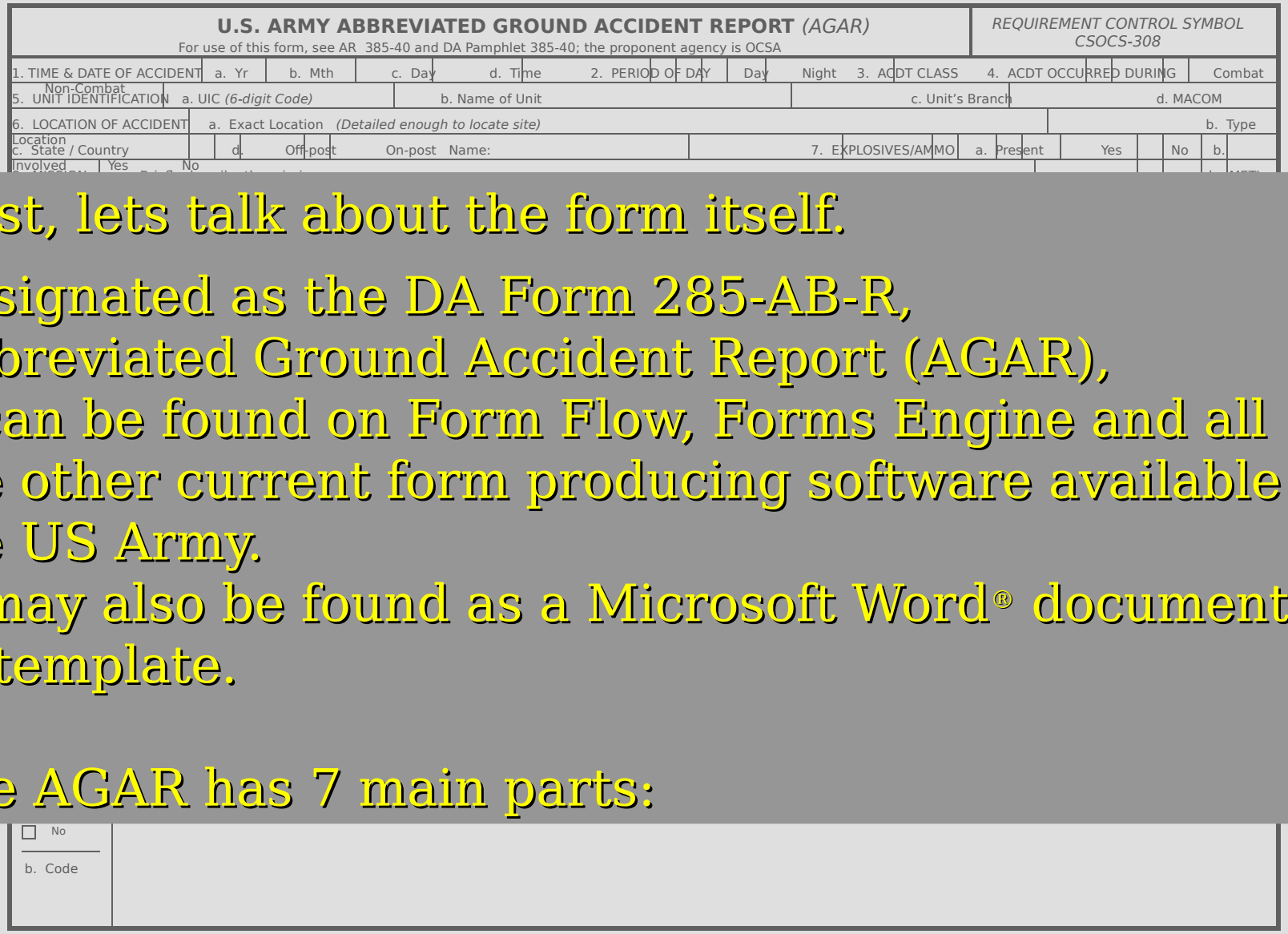
The next several slides will guide you through the proper way to initiate the AGAR, select the correct accident classification, and determine the proper codes for each block.

Once the AGAR has been filled
review process will be explain

What you will need before you s

- ✓AR 385-40,
- ✓DA Pam 385-40,
- ✓USARUER Reg 385-40,
- ✓a pencil and of course,
- ✓an AGAR report form.



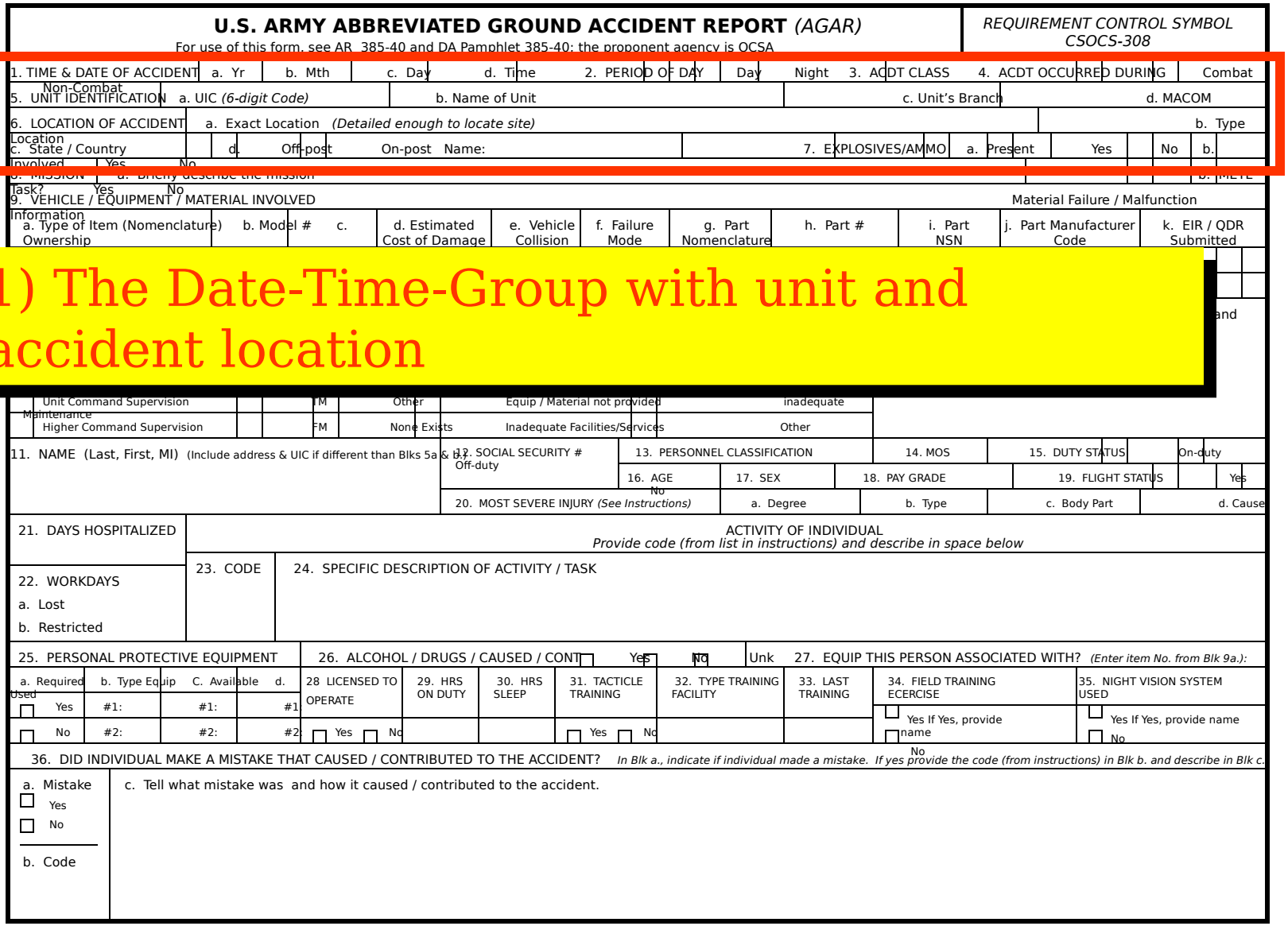

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA
REQUIREMENT CONTROL SYMBOL
CSOCS-308
1. TIME & DATE OF ACCIDENT a. Yr b. Mth c. Day d. Time 2. PERIOD OF DAY Day Night 3. ACDT CLASS 4. ACDT OCCURRED DURING Combat
Non-Combat
5. UNIT IDENTIFICATION a. UIC (6-digit Code) b. Name of Unit c. Unit's Branch d. MACOM
6. LOCATION OF ACCIDENT a. Exact Location (Detailed enough to locate site) b. Type
Location
c. State / Country d. Off-post On-post Name: 7. EXPLOSIVES/AMMO a. Present Yes No b.
Involved
Yes
No
No
b. Code
DA FORM 285-AB-R, JUL 94

First, lets talk about the form itself.

Designated as the DA Form 285-AB-R, Abbreviated Ground Accident Report (AGAR), it can be found on Form Flow, Forms Engine and all the other current form producing software available to the US Army.
It may also be found as a Microsoft Word® document or template.

The AGAR has 7 main parts:

The AGAR has 7 main parts;



U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*

For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENT CONTROL SYMBOL CSOCS-308

1. TIME & DATE OF ACCIDENT a. Yr b. Mth c. Day d. Time 2. PERIOD OF DAY Day Night 3. ACDT CLASS 4. ACDT OCCURRED DURING Combat Non-Combat

5. UNIT IDENTIFICATION a. UIC *(6-digit Code)* b. Name of Unit c. Unit's Branch d. MACOM

6. LOCATION OF ACCIDENT a. Exact Location *(Detailed enough to locate site)* b. Type Location

c. State / Country d. Off-post On-post Name: 7. EXPLOSIVES/AMMO a. Present Yes No b. Involved Yes No

8. MISSION a. Briefly describe the mission b. METL Task? Yes No

9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED Material Failure / Malfunction Information

a. Type of Item (Nomenclature) b. Model # c. d. Estimated Cost of Damage e. Vehicle Collision f. Failure Mode g. Part Nomenclature h. Part # i. Part NSN j. Part Manufacturer Code k. EIR / QDR Submitted Ownership

1) The Date-Time-Group with unit and accident location

and

Unit Command Supervision TM Other Equip / Material not provided Inadequate

Maintenance

Higher Command Supervision FM None Exists Inadequate Facilities/Services Other

11. NAME (Last, First, MI) (Include address & UIC if different than Blks 5a & b.) 12. SOCIAL SECURITY # 13. PERSONNEL CLASSIFICATION 14. MOS 15. DUTY STATUS On-duty Off-duty

16. AGE 17. SEX 18. PAY GRADE 19. FLIGHT STATUS Yes No

20. MOST SEVERE INJURY *(See Instructions)* a. Degree b. Type c. Body Part d. Cause

21. DAYS HOSPITALIZED

ACTIVITY OF INDIVIDUAL
Provide code (from list in instructions) and describe in space below

22. WORKDAYS
a. Lost
b. Restricted

23. CODE 24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK

25. PERSONAL PROTECTIVE EQUIPMENT 26. ALCOHOL / DRUGS / CAUSED / CONT Yes No Unk 27. EQUIP THIS PERSON ASSOCIATED WITH? *(Enter item No. from Blk 9a.):*

a. Required Used	b. Type Equip	C. Available	d.	28 LICENSED TO OPERATE	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICLE TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING ECERCISE	35. NIGHT VISION SYSTEM USED
Yes	#1:	#1:	#1							Yes If Yes, provide name	Yes If Yes, provide name
No	#2:	#2:	#2:	Yes No			Yes No			No	No

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

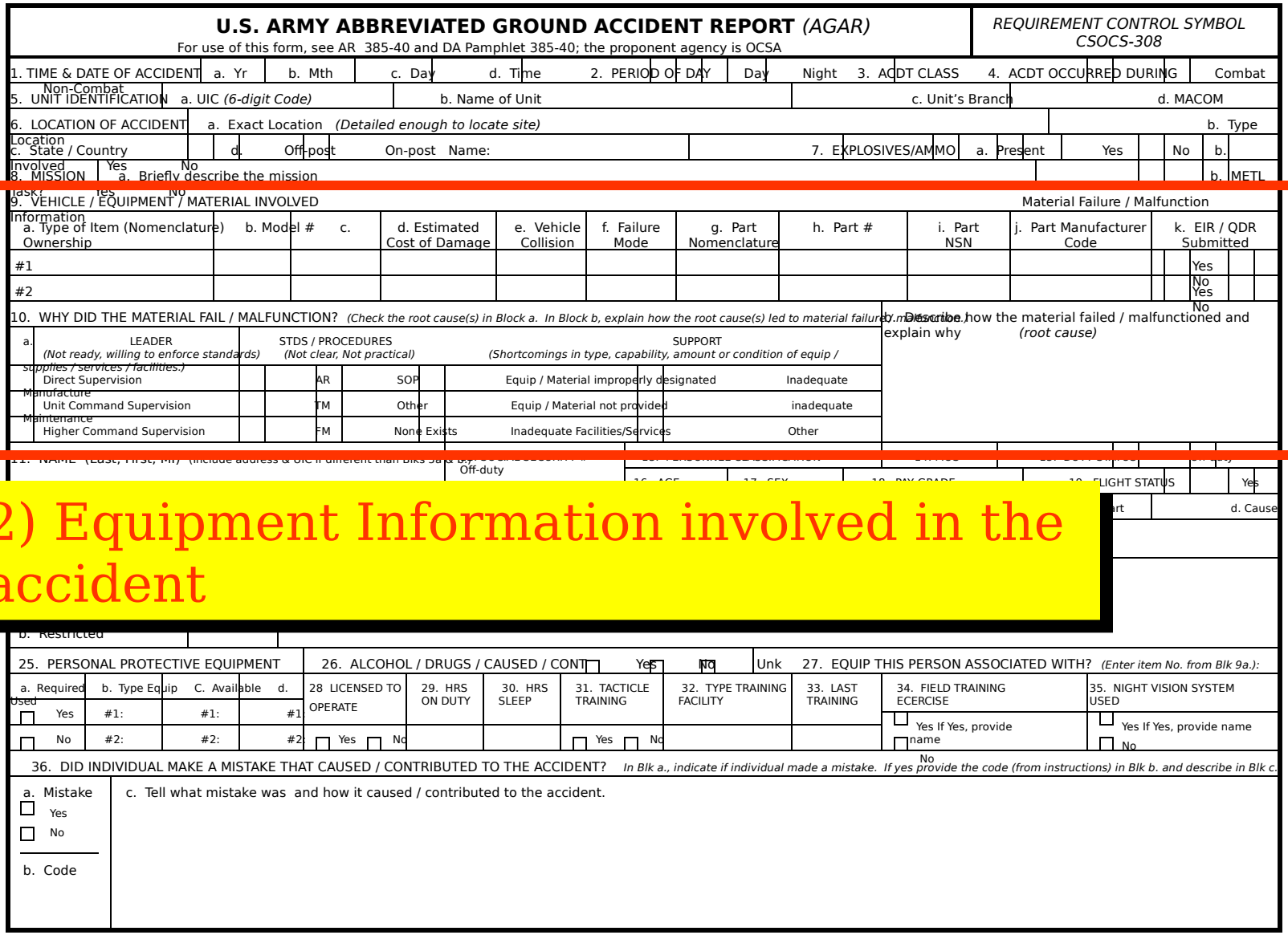
a. Mistake Yes No

b. Code

c. Tell what mistake was and how it caused / contributed to the accident.

DA FORM 285-AB-R, JUL 94

The AGAR has 7 main parts;



U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*

For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENT CONTROL SYMBOL CSOCS-308

1. TIME & DATE OF ACCIDENT a. Yr b. Mth c. Day d. Time 2. PERIOD OF DAY Day Night 3. ACDT CLASS 4. ACDT OCCURRED DURING Combat Non-Combat

5. UNIT IDENTIFICATION a. UIC *(6-digit Code)* b. Name of Unit c. Unit's Branch d. MACOM

6. LOCATION OF ACCIDENT a. Exact Location *(Detailed enough to locate site)* b. Type Location

c. State / Country d. Off-post On-post Name: 7. EXPLOSIVES/AMMO a. Present Yes No b. Involved Yes No

8. MISSION a. Briefly describe the mission b. METL Task? Yes No

9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED Material Failure / Malfunction Information

a. Type of Item (Nomenclature)	b. Model #	c.	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR / QDR Submitted	Ownership
#1										Yes No	
#2										Yes No	

10. WHY DID THE MATERIAL FAIL / MALFUNCTION? *(Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to material failure. Describe how the material failed / malfunctioned and explain why (root cause)*

a.	LEADER *(Not ready, willing to enforce standards)*	STDS / PROCEDURES *(Not clear, Not practical)*	SUPPORT *(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)*	
Manufacture	Direct Supervision	AR	SOP	Equip / Material improperly designated / Inadequate
Maintenance	Unit Command Supervision	TM	Other	Equip / Material not provided / inadequate
	Higher Command Supervision	FM	None Exists	Inadequate Facilities/Services / Other

11. NAME (Last, First, MI) (Include address & UIC if different than Blks 5a & b) Off-duty

16. AGE 17. SEX 18. PAY GRADE 19. FLIGHT STATUS Yes

d. Cause

b. Restricted

25. PERSONAL PROTECTIVE EQUIPMENT 26. ALCOHOL / DRUGS / CAUSED / CONT Yes No Unk 27. EQUIP THIS PERSON ASSOCIATED WITH? *(Enter item No. from Blk 9a.):*

a. Required Used	b. Type Equip	C. Available	d.	28 LICENSED TO OPERATE	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICLE TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING ECERCISE	35. NIGHT VISION SYSTEM USED
Yes	#1:	#1:	#1							Yes If Yes, provide name	Yes If Yes, provide name
No	#2:	#2:	#2:	Yes No			Yes No			No	No

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

a. Mistake Yes No

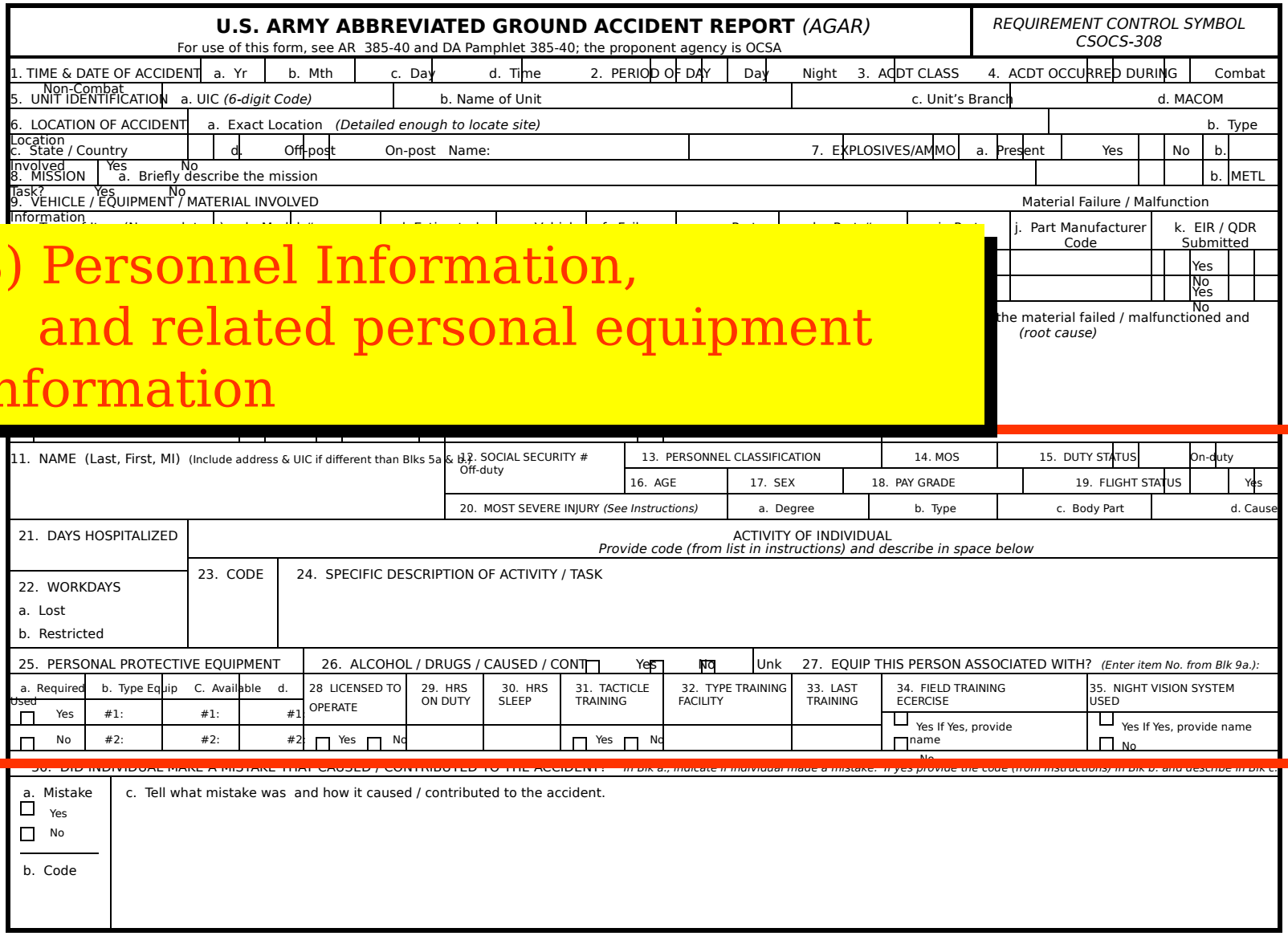
b. Code

c. Tell what mistake was and how it caused / contributed to the accident.

DA FORM 285-AB-R, JUL 94

2) Equipment Information involved in the accident

The AGAR has 7 main parts;



U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*

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5. UNIT IDENTIFICATION a. UIC *(6-digit Code)* b. Name of Unit c. Unit's Branch d. MACOM

6. LOCATION OF ACCIDENT a. Exact Location *(Detailed enough to locate site)* b. Type Location

c. State / Country d. Off-post On-post Name: 7. EXPLOSIVES/AMMO a. Present Yes No b. Involved Yes No

8. MISSION a. Briefly describe the mission b. METL Task? Yes No

9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED Material Failure / Malfunction Information

j. Part Manufacturer Code k. EIR / QDR Submitted Yes No Yes No

the material failed / malfunctioned and *(root cause)*

11. NAME (Last, First, MI) (Include address & UIC if different than Blks 5a & b.)

12. SOCIAL SECURITY # 13. PERSONNEL CLASSIFICATION 14. MOS 15. DUTY STATUS On-duty Off-duty

16. AGE 17. SEX 18. PAY GRADE 19. FLIGHT STATUS Yes No

20. MOST SEVERE INJURY *(See Instructions)* a. Degree b. Type c. Body Part d. Cause

21. DAYS HOSPITALIZED

ACTIVITY OF INDIVIDUAL *Provide code (from list in instructions) and describe in space below*

22. WORKDAYS a. Lost b. Restricted

23. CODE 24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK

25. PERSONAL PROTECTIVE EQUIPMENT 26. ALCOHOL / DRUGS / CAUSED / CONT Yes No Unk 27. EQUIP THIS PERSON ASSOCIATED WITH? *(Enter item No. from Blk 9a.):*

a. Required Used	b. Type Equip	C. Available	d.	28 LICENSED TO OPERATE	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICLE TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING ECERCISE	35. NIGHT VISION SYSTEM USED
Yes	#1:	#1:	#1							Yes If Yes, provide name	Yes If Yes, provide name
No	#2:	#2:	#2	Yes No			Yes No			No	No

30. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

a. Mistake Yes No

b. Code

c. Tell what mistake was and how it caused / contributed to the accident.

DA FORM 285-AB-R, JUL 94

3) Personnel Information, and related personal equipment information

The AGAR has 7 main parts;

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REQUIREMENT CONTROL SYMBOL CSOCS-308

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6. LOCATION OF ACCIDENT a. Exact Location *(Detailed enough to locate site)* b. Type Location

c. State / Country d. Off-post On-post Name: 7. EXPLOSIVES/AMMO a. Present Yes No b. Involved Yes No

8. MISSION a. Briefly describe the mission b. METL Task? Yes No

9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED Material Failure / Malfunction Information

a. Type of Item (Nomenclature)	b. Model #	c.	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR / QDR Submitted	Ownership
#1										Yes No	
#2										Yes No	

10. WHY DID THE MATERIAL FAIL / MALFUNCTION? *(Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to material failure / malfunction.)*

b. Describe how the material failed / malfunctioned and explain why *(root cause)*

a.	LEADER *(Not ready, willing to enforce standards)*		STDS / PROCEDURES *(Not clear, Not practical)*		SUPPORT *(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)*	
Manufacture	Direct Supervision	AR	SOP	Equip / Material improperly designated	Inadequate	
Maintenance	Unit Command Supervision	TM	Other	Equip / Material not provided	inadequate	
	Higher Command Supervision	FM	None Exists	Inadequate Facilities/Services	Other	

11. NAME (Last, First, MI) (Include address & UIC if different than Blks 5a & b.)

12. SOCIAL SECURITY # 13. PERSONNEL CLASSIFICATION 14. MOS 15. DUTY STATUS On-duty Off-duty

16. AGE 17. SEX 18. PAY GRADE 19. FLIGHT STATUS Yes No

20. MOST SEVERE INJURY *(See Instructions)* a. Degree b. Type c. Body Part d. Cause

21. DAYS HOSPITALIZED

ACTIVITY OF INDIVIDUAL
Provide code (from list in instructions) and describe in space below

4) Mistake Information

25. PERSONAL PROTECTIVE EQUIPMENT 26. ALCOHOL / DRUGS / CAUSED / CONT Yes No Unk 27. EQUIP THIS PERSON ASSOCIATED WITH? *(Enter item No. from Blk 9a.):*

a. Required	b. Type Equip	C. Available	d. Used	28 LICENSED TO OPERATE	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICLE TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING ECERCISE	35. NIGHT VISION SYSTEM USED
Yes	#1:	#1:	#1							Yes If Yes, provide	Yes If Yes, provide name
										No	No

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

a. Mistake ☐ Yes ☐ No

b. Code

c. Tell what mistake was and how it caused / contributed to the accident.

DA FORM 285-AB-R, JUL 94

The AGAR has 7 main parts:

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) *(Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)*

a. INDIVIDUAL	LEADER *(Did not ready, willing to enforce standards)*	TRAINING *(Insufficient inn content / Amount)*	STDS / PROCEDURES *(Not clear, Not practical)*	SUPPORT *(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)*	*(Mistake*
	Direct Supervision	School	AR SOP	Equip / Material improperly designated Inadequate Manufacture	Poor / Bad
	Unit Command Supervision	Unit	TM Other	Equip / Material not provided Inadequate Maintenance	Overconfident
	Higher Command Supervision	Experience, OJT	FM None Exists	Inadequate Facilities/Services Other	In a hurry

due to own personal factors)

attitude Fatigue

Alcohol / Drugs

Fear / Excitement

b. Describe root cause(s) and tell how it / they caused the mistake

38. ENVIRONMENTAL CONDITIONS

a. Present Contributed	b. Caused /	
#1:	Yes	No
Unk		
#2:	Yes	No
#3:	Yes	No
Unk		

39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT *(Use additional sheets if required.) (Explain sequence of events, tell how accident happened)*

4) Mistake Information (continued)

40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI): b. Telephone #

42. COMMAND REVIEW a. Name	c. Rank	43. SAFETY OFFICE REVIEW	b. Date
b. Signature Date:	d.	a. Name	

The AGAR has 7 main parts:

5) Synopsis of accident

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) *(Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)*

a. INDIVIDUAL	LEADER *(Not ready, willing to enforce standards)*	TRAINING *(Insufficient inn content / Amount)*	STDS / PROCEDURES *(Not clear, Not practical)*	SUPPORT *(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)*				*(Mistake*
				Equip / Material improperly designated	Inadequate Manufacture			Poor / Bad
				Equip / Material not provided	Inadequate Maintenance			Overconfident
				Inadequate Facilities/Services	Other			In a hurry

38. ENVIRONMENTAL CONDITIONS

a. Present Contributed	b. Caused /	
#1: Unk	Yes	No
#2: Unk	Yes	No
#3: Unk	Yes	No

39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT *(Use additional sheets if required.) (Explain sequence of events, tell how accident happened)*

40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI): b. Telephone #

42. COMMAND REVIEW a. Name	c. Rank	43. SAFETY OFFICE REVIEW	b. Date
b. Signature Date:	d.	a. Name	

The AGAR has 7 main parts:

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) *(Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)*

a. INDIVIDUAL *(Not ready, willing to enforce standards) due to own personal factors)*	LEADER	TRAINING *(Insufficient inn content / Amount)*	STDS / PROCEDURES *(Not clear, Not practical)*	SUPPORT *(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)*	*(Mistake*
	Direct Supervision	School	AR SOP	Equip / Material improperly designated Inadequate Manufacture	Poor / Bad
attitude Fatigue	Unit Command Supervision	Unit	TM Other	Equip / Material not provided Inadequate Maintenance	Overconfident
Alcohol / Drugs	Higher Command Supervision	Experience, OJT	FM None Exists	Inadequate Facilities/Services Other	In a hurry
Fear / Excitement					

b. Describe root cause(s) and tell how it / they caused the mistake

38. ENVIRONMENTAL CONDITIONS

a. Present Contributed	b. Caused /	
#1: Unk	Yes	No
#2: Unk	Yes	No
#3: Unk	Yes	No

39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT *(Use additional sheets if required.) (Explain sequence of events, tell how accident happened)*

6) Corrective Action

40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI): b. Telephone #

42. COMMAND REVIEW a. Name	c. Rank	43. SAFETY OFFICE REVIEW	b. Date
b. Signature Date:	d.	a. Name	

The AGAR has 7 main parts:

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) *(Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)*

a. INDIVIDUAL *(Did not do due to own personal factors)*	LEADER *(Did not ready, willing to enforce standards)*	TRAINING *(Insufficient inn content / Amount)*	STDS / PROCEDURES *(Not clear, Not practical)*	SUPPORT *(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)*	*(Mistake*
attitude Fatigue	Direct Supervision	School	AR SOP	Equip / Material improperly designated Inadequate Manufacture	Poor / Bad
Alcohol / Drugs	Unit Command Supervision	Unit	TM Other	Equip / Material not provided Inadequate Maintenance	Overconfident
Fear / Excitement	Higher Command Supervision	Experience, OJT	FM None Exists	Inadequate Facilities/Services Other	In a hurry

b. Describe root cause(s) and tell how it / they caused the mistake

38. ENVIRONMENTAL CONDITIONS

a. Present Contributed	b. Caused /	
#1: Unk	Yes	No
#2: Unk	Yes	No
#3: Unk	Yes	No

39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT *(Use additional sheets if required.) (Explain sequence of events, tell how accident happened)*

40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>

7) Command Review and Point of Contact Information

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI): b. Telephone #

42. COMMAND REVIEW a. Name	c. Rank	43. SAFETY OFFICE REVIEW	b. Date
b. Signature Date:	d.	a. Name	

Input Codes: Many blocks require a certain input code that bests describes the answer to the related question.

The number of codes for each block varies, but almost all situations have been addressed.

Choose the best code for each block that describes
the most correct information.

All codes used on the DA Form 285-AB-R (AGAR) can be located in the DA Pam 385-40, Codes not located in a table, may be located in Figure 4-1 of Pam 385-40

The last tiger to tame before we start filling out the form is the Accident Classification.

AR 385-40 can best assist you in determining which class of accident you are investigating.

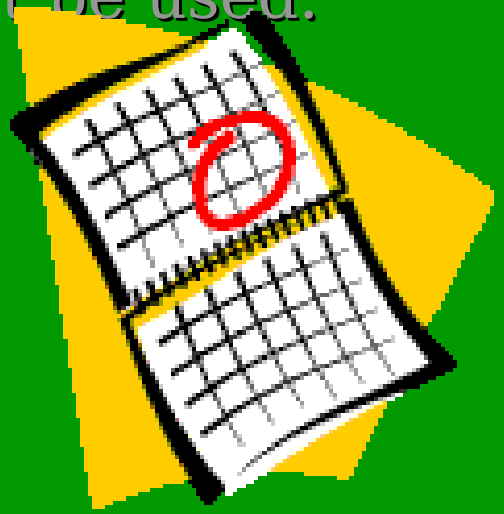
Quickly though, there are 4 classes of ground accidents;
Class* A, B, C, D. The thresholds for each level of accidents are further explained in AR 385-40, paragraph 2-2.

Class A	Class B	Class C	Class D
Fatality or ≥$1 mil	**Permanent Partial Disability or ≥$200K but < $1 mil**	**Lost Time Injury Or ≥$20K < $200K**	**≥ $2000 but < $20K**

*These thresholds reflect the current change to AR 385-40, dated 03 OCT 00

OK, lets begin, Block 1 is pretty easy,

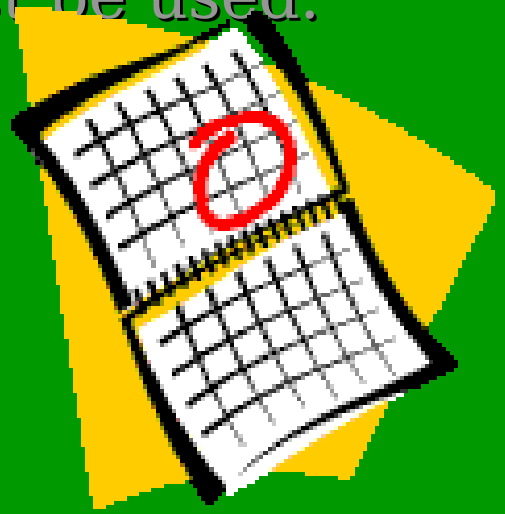
- Year is the last two digits, i.e.; 2002 would be 02.
- Month and day will be the same way, 2-digits 01 equals January and the day as 01,02,03 etc.
- The time will be in 24 hour military time, and local time zone must be used.



1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time

OK, lets begin, Block 1 is pretty easy,

- Year is the last two digits, i.e.; 2002 would be 02.
- Month and day will be the same way, 2-digits 01 equals January and the day as 01,02,03 etc.
- The time will be in 24 hour military time, and local time zone must be used.



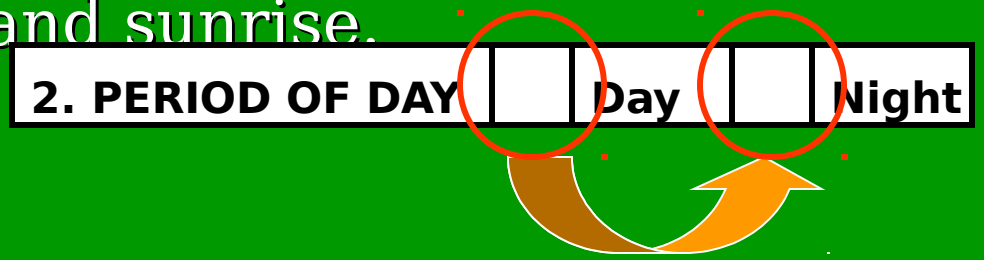
1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time

OK, lets begin, Block 1 is pretty easy,

- Year is the last two digits, i.e.; 2002 would be 02.
- Month and day will be the same way, 2-digits 01 equals January and the day as 01,02,03 etc.
- The time will be in 24 hour military time, and local time zone must be used.

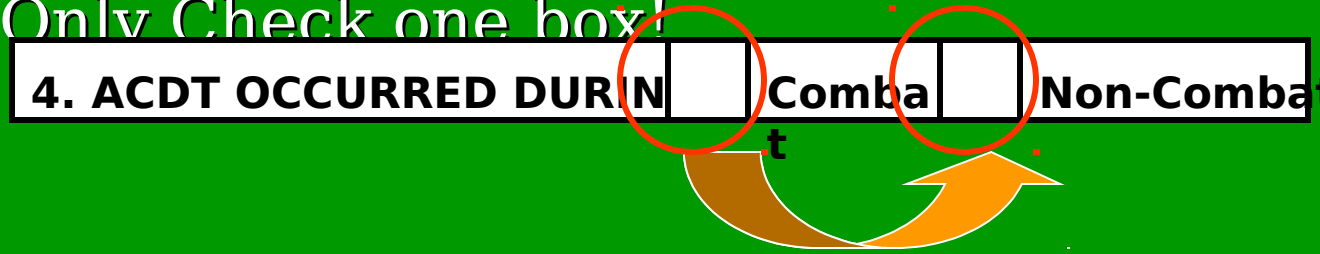
1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time

Block 2 is a check the box. Was it dark? Was the sun up? If this is unknown, contact your weather personnel, they can advise the time of military sunset and sunrise.



Block 3: We talked about the Classification a few slides ago, enter the letter code (A, B, C, or D) for this accident here.

Block 4 is a check the box. Was it during combat? Hostile actions?
Only Check one box!



Block 5: UIC, Name, Branch and MACOM.
Unit branch will be 2 letters, Infantry is IN, Armor is AR, etc
(for further information see Table 4-2, Pam 385-40).
Here ir
USARUER.

5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)*	W8BLAA

(W8BLAA)*

b. Name of Unit	HHC, 3/416 In Bn

(HHC, 3/416 In Bn)*

c. Unit's Branch	IN

(IN)*

d. MACOM	USAREUR

(USAREUR)*

Table 4-2

Adjutant's General Corp	
AG	
Air Defense Artillery	
AD	
Armor	AR
Army Medical Specialist Corps	
SP	
Army Nurse Corp	
AN	
Aviation	AV
Chaplain	CH
Chemical	CM
Dental Corps	
DC	
Engineers	EN
Field Artillery	FA
Finance Corps	FC
Infantry	IN
Judge Advocate General's Corp	
JA	
Medical Corps	
MC	
Medical Service Corps	
MS	
Military Intelligence	MI
Military Police	MP
Ordinance	OR
Public Affairs	PA

* These are just examples, Be sure to use your own in

Block 6. The Accident Location

Block 6a is the physical description of the location, enough information is needed so as to be able to return to the exact site.

6. LOCATION OF ACCIDENT	a. Exact Location *(Detailed enough to locate site)*

Example: 50 feet east of intersection with Hwy B7 on Hwy B40, Mannheim, Germany

In **Block 6b**, locate the correct location type code in Table 4-3, DA

b. Type Location	B3

This entry, "B3" indicates the location is most likely a roadway

c. State/Country	Germany

Table 4-3. Types of Accident Locations *

Maintenance/fabrication facility

A1 Vehicle facility (motor pool, maintenance shop)
A2 Aircraft facility (hangar)
A3 Vessel facility (boat overhaul/rebuild facility)
A4 Engineer facility (carpentry/electrical/plumbing sho
A5 Other maintenance facility

Travel ways

B1 Pedestrian way (sidewalk)
B2 Vehicle trail (tank trail)
B3 Roadway (street, curb, shoulder, driveway)

*This is an excerpt of Table 4-3, DA Pam 385

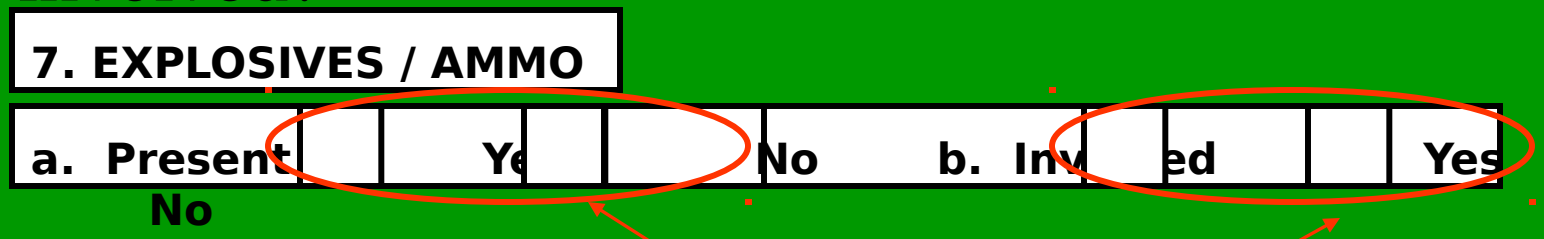
In **Block 6c**, for Europe, enter the country.

d.		Off Pos		On Post	Able Barracks, Mannheim

Name:

Block 6d, check the box. An "On Post" selection requires the name of

Block 7, again, another check the box. Part A, was there Ammo or explosives present? Part B, were they involved?

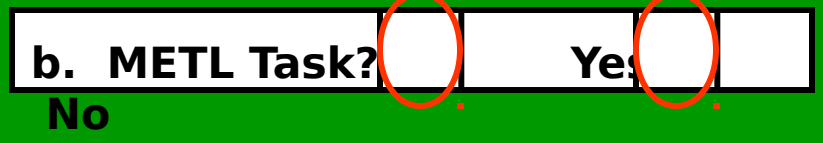


You can not mark Part A no and Part B yes.

Block 8a, Briefly describe, as in a direct short statemer

Example: Conducting Morning PT, Road march, Performing PMCS,

Block 8b, if you are not sure if it was a METL Task, see your commander for guidance.



Block 9

9. VEHICLE / EQUIPMENT INVOLVED Information						Material Failure / Malfunction				
a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacture Code	k. EIR / QDR Submitted
#1:										☐ Yes ☐ No
#2:										☐ Yes ☐ No

- Part a: What is it? Sedan, 2 ½ Ton truck, APC, forklift.
- Part b: Model? M918, M988,UH-60.
- Part c: Ownership? DOD, DA (if POV, last name of owner/driver).
- Part d: ECOD, Best source is a Technical Inspection. Don't Guess!
- Part e: Collision Codes, Choose the best code to the type of collision.

Up to 3 codes from Para 4c, Figure 4-6, DA Pam 385-40. Figure 4-[illegible]n, leave blank.

Legend for Figure 4-6, DA Pam 385-40

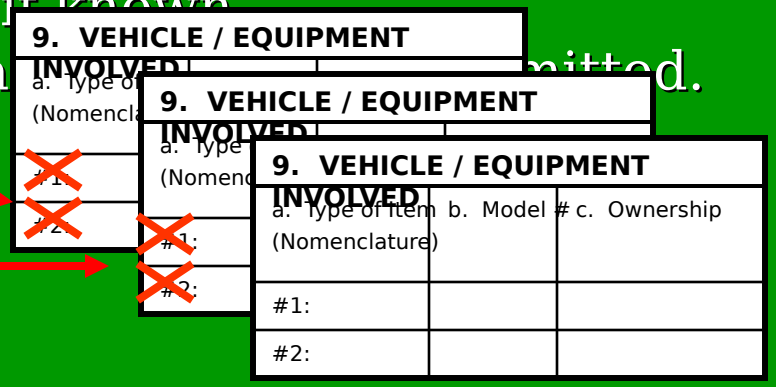
1 = Going forward & collided with moving vehicle
2 = Going forward & collided with parked vehicle
3 = Collision while backing
4 = Collision with pedestrian
5 = Collision with object (other than vehicle / pedestrian)
6 = Overturned
7 = Ran off road
8 = Jackknifed
9 = Going forward & rear-ended with moving vehicle
10 = Going forward & rear-ended stopped vehicle
11 = Collision while turning
12 = Other (specify)

Block 9

9. VEHICLE / EQUIPMENT INVOLVED Material Failure / Malfunction Information										
a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacture Code	k. EIR / QDR Submitted
#1:										☐ Yes ☐ No
#2:										☐ Yes ☐ No

- Part g: What was the part that failed?. Leave blank if none, unk for unknown.
- Part h: Enter the part number.
- Part I: Enter NSN, if unknown, contact your PLL clerk for assistance.
- Part j: Enter part manufacturer code if known
- Part k: Check the appropriate box if a [illegible]mitted.

#5
#6
#3
#4


9. VEHICLE / EQUIPMENT INVOLVED
9. VEHICLE / EQUIPMENT INVOLVED
9. VEHICLE / EQUIPMENT INVOLVED
a. Type of Item (Nomenclature) b. Model # c. Ownership
#1:
#2:

Important! Block 9 is where you list any equipment involved, whether it was damaged or not. Although there is only two rows for two different pieces of equipment, additional AGARs will be used if additional equipment was present; i.e.; 3 vehicles involved in a motor vehicle accident, or a forklift hits a photocopier and falls onto a coffee pot.

Block 10

10. WHY DID THE MATERIAL FAIL/MALFUNCTION? *(Check the root cause(s) in Block a. In Block b, Explain how the root causes(s) led to the material failure/malfunction.)*

a.	LEADER		STDS/PROCEDURES			SUPPORT	
☐	*(Not ready / willing to enforce standards)*	☐	☐	*(Not clear / Not practical)*	☐	☐	*(Shortcomings in type, acceptability, or condition of equip / supplies / facilities)*
☐	*Direct Supervision*	☐	☐	*AR*	☐	☐	*Equip / Material Improperly designed*
☐	*Manufacture*	☐	☐	*SOP*	☐	☐	*Inadequate*
☐	*Unit Command Supervision*	☐	☐	*TM*	☐	☐	*Equip / Material not provided*
☐	*Maintenance*	☐	☐	*Other*	☐	☐	*Inadequate*
☐	*Higher Command Supervision*	☐	☐	*FM*	☐	☐	*Inadequate Facilities / Services*
☐	*Other*	☐	☐	*None Exists*	☐	☐	*Other*

- Part a: Check the block or blocks that best describe why the material failed.
  - Leader: Did it fail because maintenance priorities were elsewhere?
  - Standards / Procedures: Was the TM etc, incorrect or misleading?
  - Support: Was it poorly designe
    no maintenance support includ
- Part b: Give a brief description if

b. Describe how the material failed / malfunctioned and explain why *(root cause).*

This section is looking for subjecti
observations. There may be times
when an item is fielded with incom
guidance, and it is not until a near miss or worse, a fatality, that brings the shortcoming to light. Your observations of this incident's unique attributes may be enough to establish a trend. This trend may lead to corrective action and eliminate further problems.

Block 11

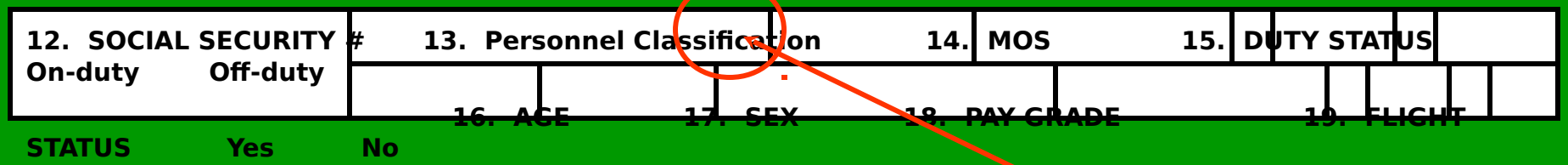
11. Name (Last, First, MI) (Include address & UIC if different than Blks 5a&b.)

- Block 11. Name: Enter Last name, first name, and middle initial
  - Include address and UIC: This may be the case if a friend from another unit was riding in the vehicle.
  - Everybody is entered!: Every person involved in the mishap, victims, occupants, civilians in other vehicles.

On the DA Form 285-AB-R, there is only room for one person to be listed. In the event of multiple persons involved in the accident, a separate AGAR must be completed for each person. Blocks 1-6 must be completed for each additional AGAR, and blocks 11-36. The narrative in Block 39 is not necessary for each separate AGAR, unless additional space is needed from the first AGAR

If multiple vehicles were involved, the driver should be listed on the same sheet as their vehicle which is addressed in Block 9.

Block 12 through 19



- Block 12: Enter SSN, any questions?
- Block 13: Select from the list at figure 4-1, Block 27, DA Pam 385-40 that best describes the person involved.
- Block 14: MOS for Army personnel, Series for civilians.
- Block 15: Were they On-duty or Off-duty?
- Block 16: Age at time of mishap.
- Block 17: This is not a yes or no question, M for male and F for female.
- Block 18: Pay grade at time of mishap, E-4, O-3, GS-11.

Figure 4-1, Block 27 of the DA 285

Active Army	a
Army Civilian	b
Army Contractor	c
Nonappropriated Fund (NAF)	d
Other US Military	e
ROTC	f
Dependent	g
NGB Tech	h
NGB IDT	i
NGB AT	j
NGB ADSW	k
NGB AGR	l
NGB ADT	m
USAR IDT	n
USAR AT	o
USAR ADT	p
USAR FTM	q
Foreign National Direct Hire	r
Foreign National Indirect Hire	s
Foreign National KATUSA	t
Foreign Mil Att'd to US Army	u
Public	v
Not Reported	w

Block 20

20. MOST SEVERE INJURY (See Instructions)	a. Degree:	b. Type:	c. Body Part:	d. Cause

In Block 20, select the code that best describes each of the four following questions for the most severe injury.

- Part a: This describes the degree, Fatal to no injury. If more than one applies, enter the most severe.
- Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.
- Part c: Was is a hand, arm, foot? Enter the most severe.
- Part d: How did the injury occur? Struck by, inhaled,

Block 20

20. MOST SEVERE INJURY (See Instructions) a. Degree:	b. Type:	c. Body Part:	d. Cause

In Block 20, select the code that best describes each of the four following questions for the most severe injury.

- Part a: This describes the degree, Fatal to no injury. If more than one applies, enter the most severe.
- Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.
- Part c: Was is a hand, arm, foot? Enter the most severe.
- Part d: How did the injury occur? Struck by, inhaled,

Degree
Figure 4-1, Block 26 of the DA 285

Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g

Block 20

20. MOST SEVERE INJURY (See Instructions)	a. Degree:	b. Type:	c. Body Part:	d. Cause

In Block 20, select the code that best describes each of the four following questions for the most severe injury.

- Part a: This describes the degree, Fatal to no injury. If more than one applies, enter the most severe.
- Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.
- Part c: Was is a hand, arm, foot? Enter the most severe.
- Part d: How did the injury occur? Struck by, inhaled,

Degree
Figure 4-1,
Block 26 of the DA 285

Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g

Type
Figure 4-1,
Block 30 of the DA 285

Burns (chemical)	a
Burns (thermal)	b
Amputation	c
Decompression Sickness	d
Asphyxiation (suffocation)	e
Fractures	f
Dislocation	g
Abrasions	h
Concussions	i
Sprain / Strain	j

Block 20

20. MOST SEVERE INJURY (See Instructions)	a. Degree:	b. Type:	c. Body Part:	d. Cause

In Block 20, select the code that best describes each of the four following questions for the most severe injury.

- Part a: This describes the degree, Fatal to no injury. If more than one applies, enter the most severe.
- Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.
- Part c: Was it a hand, arm, foot? Enter the most severe.
- Part d: How did the injury occur? Struck by, inhaled,

Degree
Figure 4-1, Block 26 of the DA 285

Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g

Type
Figure 4-1, Block 30 of the DA 285

Burns (chemical)	a
Burns (thermal)	b
Amputation	c
Decompression Sickness	d
Asphyxiation (suffocation)	e
Fractures	f
Dislocation	g
Abrasions	h
Concussions	i
Sprain / Strain	j

Body Part
Figure 4-1, Block 29 of the DA 285

Body (general)	a
Head	b
Forehead	c
Eyes	d
Nose	e
Jaw	f
Neck	g
Trunk	h
Heart	j
Back	k
Shoulder	l
Arm	m
Wrist	n
Hand	o
Fingers	p
Leg	q
Knee	r
Ankle	s
Foot	t
Toes	u
Other (specify)	v

Block 20

20. MOST SEVERE INJURY (See Instructions)	a. Degree:	b. Type:	c. Body Part:	d. Cause

In Block 20, select the code that best describes each of the four following questions for the most severe injury.

- Part a: This describes the degree, Fatal to no injury. If more than one applies, enter the most severe.
- Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.
- Part c: Was is a hand, arm, foot? Enter the most severe.
- Part d: How did the injury occur? Struck by, inhaled,

Cause
Figure 4-1,
Block 28 of the DA 285

Struck Against	a
Struck By	b
Fell From Elevation	c
Fell From Same Level	d
Caught in/under/between	e
Rubbed / Abraded	f
Bodily Reaction	g
Overexertion	h
Exposure	i
External Contact	j
Ingested	k
Inhaled	l

Type
Figure 4-1,
Block 30 of the DA 285

Burns (chemical)	a
Burns (thermal)	b
Amputation	c
Decompression Sickness	d
Asphyxiation (suffocation)	e
Fractures	f
Dislocation	g
Abrasions	h
Concussions	i
Sprain / Strain	j

Degree
Figure 4-1,
Block 26 of the DA 285

Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g

Body Part
Figure 4-1,
Block 29 of the DA 285

Body (general)	a
Head	b
Forehead	c
Eyes	d
Nose	e
Jaw	f
Neck	g
Trunk	h
Heart	j
Back	k
Shoulder	l
Arm	m
Wrist	n
Hand	o
Fingers	p
Leg	q
Knee	r
Ankle	s
Foot	t
Toes	u
Other (specify)	v

Block 21 & 22

21. DAYS HOSPITALIZED
22. WORKDAYS a. Lost: b. Restricted

In Block 21, indicate the number of days the individual was or will be hospitalized. These days do not include hospitalized for observation only.

In Block 22a, enter the number of days the individual will be away from work. This includes bed rest or quarters. Do not include days hospitalized in workdays lost.

In Block 22b, enter the number of workdays the individual has not been or will not be able to perform all of their regular duties AFTER going back to work. Also known as Light duty or profile.

Note: Never include the day of the accident in your count in Blocks 21 or 22.

Note: Never hold up submitting an AGAR to determine actual time lost/hospitalized/restricted. Rather, indicate an estimate, and submit an updated AGAR if information has drastically changed.

Block 23 & 24

ACTIVITY OF INDIVIDUAL *Provide code (from list in instructions) and describe in space below*	
23. CODE	**24. SPECIFIC DESCRIPTION OF ACTIVITY / TASKCODE**

Block 23: Enter the code that bests describes the individual's activity at the time of the accident.

Block 24: Be specific to the activities of the individual involved and listed in Block 11 of this form. If multiple people were involved, this block may be different for each person.

Person's Action
Figure 4-1,
Block 31 of the DA 285

Soldering	a	Laundry/Dry Cleaning Services	n	Hobbies	aa
Combat Soldering	b	Pest/Plant Control	o	Passenger	bb
Physical Training	c	Operating Vehicle or Vessel	p	Human Movement	cc
Weapons Firing	d	Handling Animals	q	Horseplay	dd
Engineering / Construction	e	Maintenance/Repair/Services	r	Bystanding/Spectator	ee
Communications	f	Fabricating	s	Personal Hygiene/	
Security / Law Enforcement	g	Handling Material/Passengers	t	Food/Drink Consumption/	
Fire Fighting	h	Janitorial/Housekeeping/Grounds	u	Sleeping	ff

Block 25

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☐ Yes	#1:	#1:	#1:
☐ No	#2:	#2:	#2:

Block 25a: Check Yes or No to indicate whether any personal protective clothing or equipment was required for the activity. If Yes, complete blocks 25b-d.

Block 25b: Enter the code for the type of equipment or clothing that was required:

Block 25c & d: Determine if protective clothing or equipment was or was not required, then enter Yes or No in the appropriate blocks to indicate the availability (Block 25c) and use/non-use (Block 25d).

Legend: AR 40-685 para 12, Block 25b DA Pam 385-40

- Seatbelt = **A**
- Helmet = **B**
- Goggles/glasses = **C**
- Gloves = **D**
- Earplugs = **E**
- Other (specify) = **F**

Block 25

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☐ Yes	#1:	#1:	#1:
☐ No	#2:	#2:	#2:

Block 25a: Check Yes or No to indicate whether any personal protective clothing or equipment was required for the activity. If Yes, complete blocks 25b-d.

Block 25b: Enter the code for the type of equipment or clothing that was required:

Legend 1-6 para 12, Block 25b DA Pam 385-40

- Seatbelt = **A**
- Helmet = **B**
- Goggles/glasses = **C**
- Gloves = **D**
- Earplugs = **E**
- Other (specify) = **F**

Block 25c & d: Determine if protective clothing or equipment was or was not required, then enter Yes or No in the appropriate blocks to indicate the availability (Block 25c) and use/non-use (Block 25d).

Example 1: If seatbelts were required, available and in use at the time of the accident, Block 25 would look as follows

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☒ Yes	#1: A	#1: Yes	#1: Yes
☐ No	#2:	#2:	#2:

Block 25

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☐ Yes	#1:	#1:	#1:
☐ No	#2:	#2:	#2:

Block 25a: Check Yes or No to indicate whether any personal protective clothing or equipment was required for the activity. If Yes, complete blocks 25b-d.

Block 25b: Enter the code for the type of equipment or clothing that was required:

Block 25c & d: Determine if protective clothing or equipment was or was not required, then enter Yes or No in the appropriate blocks to indicate the availability (Block 25c) and use/non-use (Block 25d).

Legend: AR 385-10 para 12, Block 25b DA Pam 385-40

- Seatbelt = **A**
- Helmet = **B**
- Goggles/glasses = **C**
- Gloves = **D**
- Earplugs = **E**
- Other (specify) = **F**

Example 2: If seatbelts were required, available and NOT used at the time of the accident, Block 25 would look as follows

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
X Yes	#1: A	#1: Yes	#1: No
☐ No	#2:	#2:	#2:

Block 25

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☐ Yes	#1:	#1:	#1:
☐ No	#2:	#2:	#2:

Block 25a: Check Yes or No to indicate whether any personal protective clothing or equipment was required for the activity. If Yes, complete blocks 25b-d.

Block 25b: Enter the code for the type of equipment or clothing that was required:

Legend 1-6 para 12, Block 25b DA Pam 385-40

Seatbelt = **A**
Helmet = **B**
Goggles/glasses = **C**
Gloves = **D**
Earplugs = **E**
Other (specify) = **F**

Block 25c & d: Determine if protective clothing or equipment was or was not required, then enter Yes or No in the appropriate blocks to indicate the availability (Block 25c) and use/non-use (Block 25d).

Example 3: This time, lets look at an example of earplugs that were required for the task but were not available and were not used

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☒ Yes	#1: E	#1: No	#1: No
☐ No	#2:	#2:	#2:

Block 25

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☐ Yes	#1:	#1:	#1:
☐ No	#2:	#2:	#2:

Block 25a: Check Yes or No to indicate whether any personal protective clothing or equipment was required for the activity. If Yes, complete blocks 25b-d.

Block 25b: Enter the code for the type of equipment or clothing that was required:

Legend 1-6 para 12, Block 25b DA Pam 385-40

- Seatbelt = **A**
- Helmet = **B**
- Goggles/glasses = **C**
- Gloves = **D**
- Earplugs = **E**
- Other (specify) = **F**

Block 25c & d: Determine if protective clothing or equipment was or was not required, then enter Yes or No in the appropriate blocks to indicate the availability (Block 25c) and items use/non-use (Block 25d).

Example 4: The last example is for gloves that were not required, but were available, and were used.

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
☐ Yes	#1: D	#1: Yes	#1: Yes
X ☐ No	#2:	#2:	#2:

*Note: Enter Unk if availability or used is not known.

Blocks 26 - 27

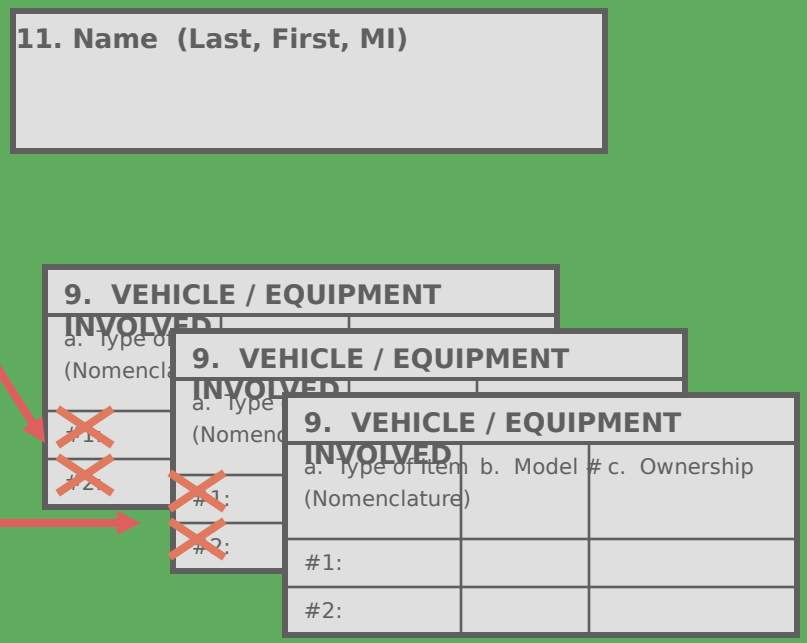
26. ALCOHOL / DRUGS CAUSED / CONT ☐ Yes ☐ No ☐ Unk	27. EQUIP THIS PERSON WAS ASSOCIATED WITH *(Enter Item No. from Blk 9a.)*:

Block 26: Alcohol, drugs; did they cause or contribute to the accident. Yes means they did, no means they did not, and Unk, or unknown means you did not know at the time of the accident. Many times a blood test result taken by local authorities may not be available at the time of submission. Mark unk and submit and updated AGAR when the results become available.

Block 27: This block is used to establish which vehicle or piece of equipment this person is associated with.

As we remember back in Block #9, if there are more than 2 vehicles or pieces of equipment involved, additional sheets are needed to include all equipment. Also, it is a good idea to list the driver on the same AGAR as their vehicle, if there are multiple vehicles and persons involved.

#5
#6
#3
#4



Blocks 26 - 27

26. ALCOHOL / DRUGS CAUSED / CONT ☐ Yes ☐ No ☐ Unk	27. EQUIP THIS PERSON WAS ASSOCIATED WITH *(Enter Item No. from Blk 9a.)*:

Block 26: Alcohol, drugs; did they cause or contribute to the accident. Yes means they did, no means they did not, and Unk, or unknown means you did not know at the time of the accident. Many times a blood test result taken by local authorities may not be available at the time of submission. Mark unk and submit and updated AGAR when the results

Block 27: This block is used to establish which vehicle or piece of equipment this person is associated with.

As we remember back in Block #9, if there are more than 2 vehicles or pieces of equipment involved, additional sheets are needed to include all equipment. Also, it is a good idea to list the driver on the same AGAR as their vehicle, if there are multiple vehicles and persons involved.

#5
#6
#3
#4

11. Name (Last, First, MI)

9. VEHICLE / EQUIPMENT INVOLVED

a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

Blocks 28 - 33

28. LICENSED TO OPERATE EQUIP	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY
☐ Yes ☐ No			☐ Yes ☐ No	

Block 28: Are they REALLY licensed? Is it on their 346? How about documented training on the 348? Do they have a valid civilian driver's license to operate a POV? Is it current, valid, or maybe suspended?

Block 29: How many hours both 'on-the-clock' and 'off-the-clock' have they had before the accident? Did you include before hours formations, PT, CQ, etc.

Block 30: How many hours of sleep? Enter the number of cumulative hours they had in the previous 24 hours.

Block 31: Was this during training in a field environment that uses or develops combat or combat support skills? Enter Yes if the activities listed in **Blocks 23 & 24** meets this definition.

Para 18, Legend 4-6
DA Pam 385-40

Garrison
A
Local Training Area
B
Major Training Area
C
MTC
D
JRTC
CMTC
E

Blocks 33 - 35

33. LAST TRAINING	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
	☐ Yes *If Yes, provide name.* ☐ No	☐ Yes *If Yes, provide name.* ☐ No

Block 33: For the activity specified in Block 23 and 24, enter the number of months since the last time the individual received training, prior to the accident.

Block 34: Did the exercise have a name? Reforger, Rapid Guardian, Bright Star?

Block 35: Indicate if night visio ng used by the individual listed in b accide d. the a furth

Blocks 36

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED THE ACCIDENT? *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

a. Mistake ☐ Yes ☐ No b. Code	C. Tell what the mistake was and how it was caused / contributed to the accident.

Block 36a: In your opinion, did the individual make a mistake that caused / contributed to the accident?

Block 36b: If Yes, you must select another code. For a complete list and explanation of mistake codes, go to DA Pam 385-40, Appendix B, Table B-2. Included at the end of this presentation is an AGAR quick reference guide which contains a partial list of these codes.

Block 36c: Describe the mistake and how it caused / contributed to the accident. ***BE SPECIFIC!*** Go to the next slide for an example.

Blocks 36

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED THE ACCIDENT? *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

a. Mistake	C. Tell what the mistake was and how it was caused / contributed to the accident.
X Yes ☐ No	M109A6 howitzer driver trainee was being ground guided into a parking space. When given the signal to stop, driver moved his foot left to apply brakes and depressed upper accelerator pedal instead (52=improper braking – improper foot placement on pedal). Ground guide was run over.
b. Code **52**	

Block 36a: In your opinion, did the individual make a mistake that caused / contributed to the accident?

Block 36b: If Yes, you must select another code. For a complete list and explanation of mistake codes, go to DA Pam 385-40, Appendix B, Table B-2. Included at the end of this presentation is an AGAR quick reference guide which contains a partial list of these codes.

Block 36c: Describe the mistake and how it caused / contributed to the accident. ***BE SPECIFIC!*** Go to the next slide for an example.

Block 37a

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) *(Check the root cause(s) in Block a. In Block b, Explain how the root causes(s) led to the mistake.)*

a.	LEADER	TRAINING	STDS/PROCEDURES	SUPPORT
	(Not ready / willing to enforce standards)	*(Insufficient in Content / Amount)*	*(Not clear / Not practical)*	*(Shortcomings in type, acceptability, or condition of equip / supplies / facilities)*
☐	*Direct Supervision*	*School*	*AR*	*SOP*	*Equip / Material Improperly Manufacture*	*Inadequate*
☐					*designed*	
☐	*Unit Command Supervision*	*Unit*	*TM*	*Other*	*Equip / Material not provided Inadequate Maintenance*	
	Higher Command Supervision	*Experience / OJT*	*FM*	*None Exists*	*Inadequate Facilities / Services*	*Other*

Block 37a: Why was the mistake made (Root Cause)? Mistakes can be caused by shortcomings from any of these areas. Its easy to point the finger at the individual, especially if they perished in the accident. Take an honest look across the board. Where is the Root Cause? Remember that preventing similar mishaps is the primary function of the accident investigation.

If a shortcoming was located in written guidance, was a notice of the deficiency forwarded to the proponent?

Individual: *(Mistake due to own personal factors)*	
☐ Bad / Poor Attitude	☐ Fatigue
☐ Overconfident	☐ Alcohol
☐ In a hurry	☐ Fear / Excitement

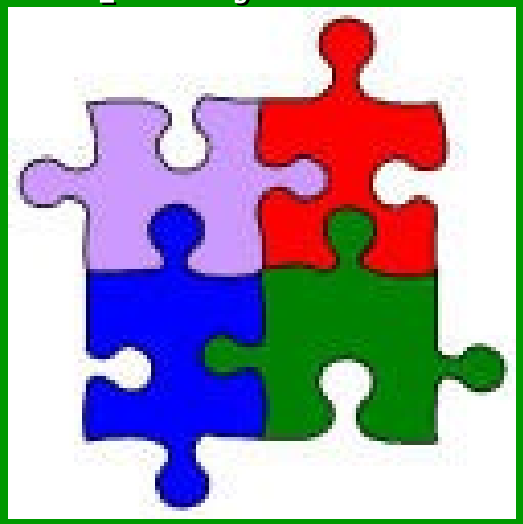
As far as the individual is concerned, more than 60% of mishaps are attributed to individual error. In most cases, they had a history of high risk behavior. In many cases, people knew,and did nothing.

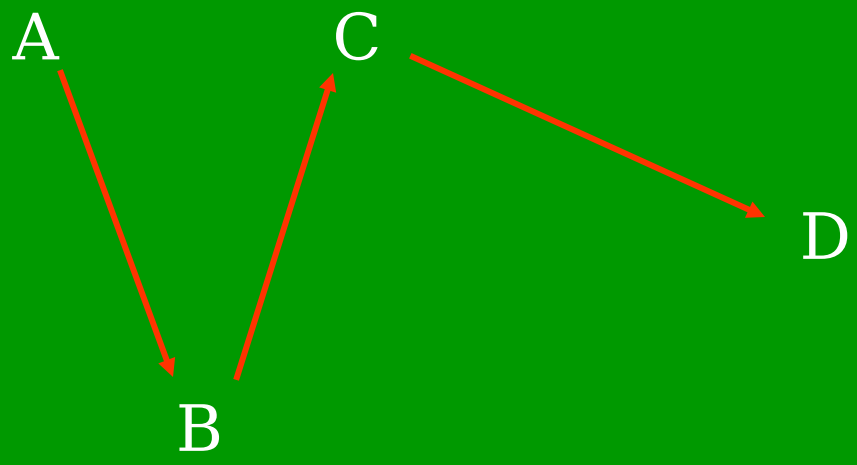
Block 37b

b. Describe root cause(s) and tell how it / they caused the mistake

Block 37b: Here is your chance to explain what you believe the root cause of the accident might be. Explain in detail as to your selection(s) in Block 37a and why you believe it (they) caused / contributed to the accident.

Remember to not stop there. If there is a an identified deficiency, make sure the proper proponent is notified, and follow up on your notice.





Block 38

38. ENVIRONMENTAL CONDITIONS

a. Present Contributed		b. Caused /		
#1. _____	☐ Yes	☐ No	☐ Unk	
#2. _____	☐ Yes	☐ No	☐ Unk	
#3. _____	☐ Yes	☐ No	☐ Unk	

Environmental Conditions
para23, Legend 4-6
DA Pam 385-40

Clear/Dry	a
Bright/Glare	b
Dark/Dim	c
Fog/condensation/frost	d
Mist/rain/sleet/hail	e
Snow/ice	f
Dust/fumes/gasses/smoke/vapors	g
Noise/bang/static	h
Temperature/humidity/(heat/cold)	i
Storm/hurricane/tornado	j
Wind/gust/turbulence	k
Vibrate/shimmy/sway/shake	l
Radiation/laser/sunlight	m
Holes/rocky/rough/rutted	n
Inclined/steep	o
Slippery (not due to precipitation)	p
Air pressure(bends, decompression, altitude)	q
Lightning/static electricity/grounding	r
Electromagnetic radiation (EMR)	s
Other (specify)	t

Block 38: In many cases, the environment is not the major contributing factor to the incident. But, just because it was hot and sunny, does not mean it is not part of the whole incident. 30 straight days of nice hot weather increases surface oil on heavily traveled routes. Was braking distance hindered by surface oil?

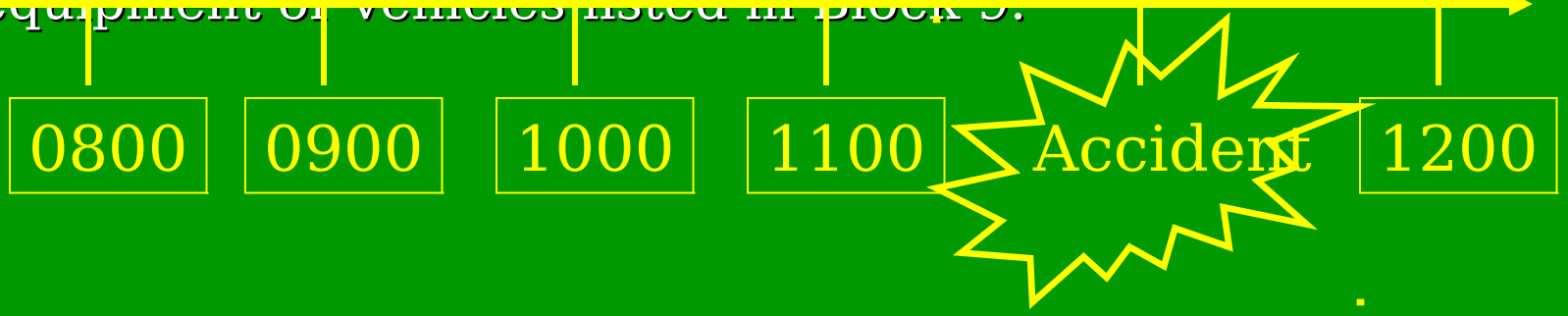
Likewise, a light rain during a temperature drop could mean black ice!

Also included are codes for earthquakes, rough terrain, explosions, cliffs. Choose the codes (up to three) that best describes the environmental factors that were present at the

Block 39

39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT *(Use additional sheets if required.) (Explain sequence of events, tell how accident happened.)*

Block 39: Here is the meat of the report. This is where you tie in all the previous information and tell what happened. As a guide, use the 5W's & H (Who, What, When, Where, Why and How). The best format to use is a "***sequence of events***". Start from before the accident, and paint a picture. The area is small, but use as much paper as you need to convey the the "story". Be sure to include the explanation of all the key personnel listed in Block 11. You can explain further, any special information about equipment or vehicles listed in Block 9.



Block 40

40. CORRECTIVE ACTIONS(S) TAKEN OR PLANNED.

Block 40: What did we learn from this accident? If this space is left blank, will we have to investigate another accident just like it?

This is the space for you, the investigator, to coordinate with the commander on how he can prevent future mishaps of this type.

Can we really not learn ANYTHING from this accident? Are we REALLY doing all that can be done to prevent accidents?

Training

Programs

Briefings

Inspections

Risk Management

Certification

Block 41

41. POINT OF CONTACT FOR INFORMATION OF THE ACCIDENT	
a. Name (Last, First, MI):	b. Telephone # DSN: COM:

Block 41: Who Ya gonna call?

Busters.

This is THE POC in the unit that can answer questions about the accident. Usually it is the investigator who completed the AGAR.

Some AGAR's have been reviewed several years after the incident. This information is crucial for effective data clarification

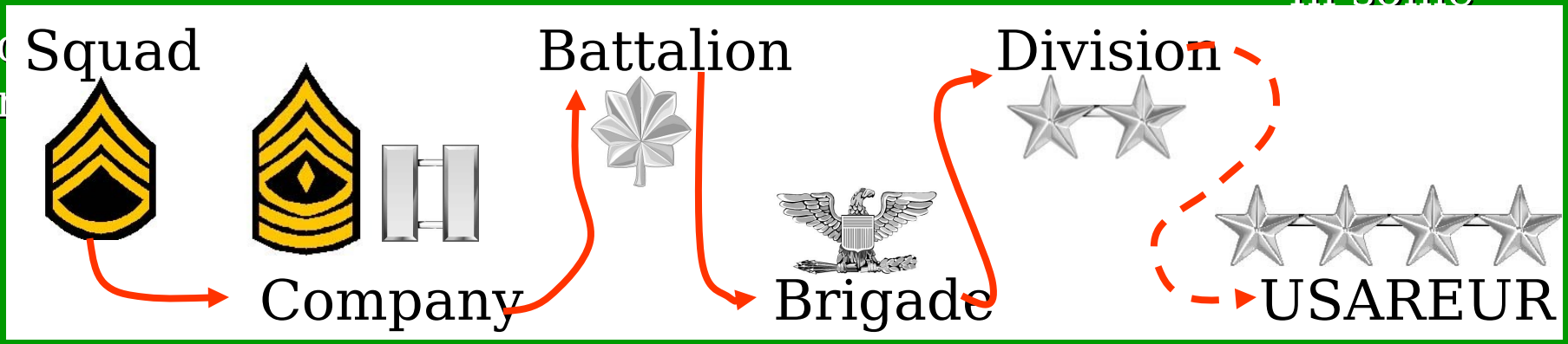
Block 42

42. COMMAND REVIEW a. Name	c. Rank:
b. Signature	d. Date:

Block 42: Command Review, MEANS command review! The commander IS the primary safety officer of each level of command. They may not understand the information in the AGAR, but that is what the Safety Officer/NCO/accident investigator will explain during the accident out brief.

All fatality accidents in USAREUR require that the unit commander experiencing the accident out-brief the investigation report to the first general officer in the chain of command.

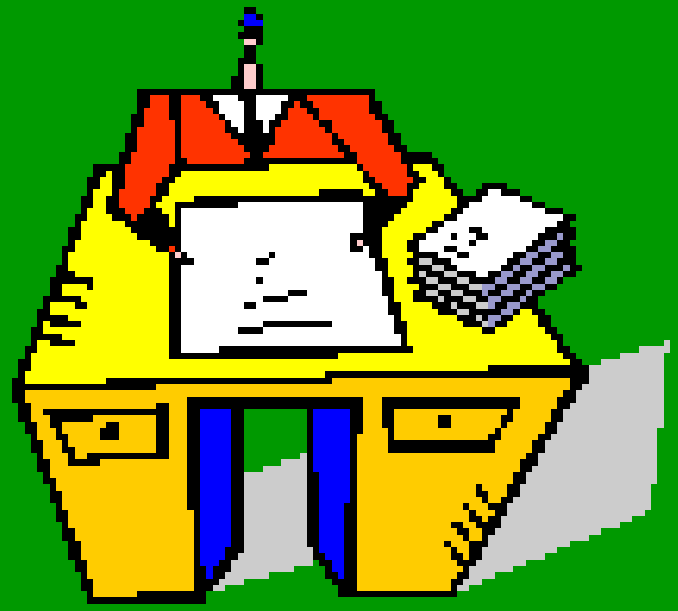
In some



Block 43

43. SAFETY OFFICE REVIEW Date: a. Name	b.

Block 43: Who signs here? In most cases it will be the first safety professional in the chain of command. Until recently, Division level safety office was the first step for Safety Office review. New initiatives have placed Safety Professionals into brigades. Division SOPs will dictate who reviews the report.



So, you think you are done?

Did you review all the blocks for completeness? Does the report contain enough information to stand alone? You may always include diagrams, photographs, or other documents that pertain to the accident. To date, over investigation has not been a problem.

The unit that experiences the accident must retain a copy of the completed report for 5 years as part of their MARKS Files. (Modern Army Record Keeping System, AR 25-400-2)

The next two slides are AGAR reference sheets that can be printed and used to prepare the DA Form

ON POINT FOR THE NATION

DA FORM 285-AB-R, ARMY GROUND ACCIDENT REPORT (AGAR) POCKET REFERENCE CARD

INSTRUCTION FOR USE: This card can be used to provide correctly coded information on the AGAR which normally requires reference to the instructional pamphlet. It provides only those codes for scenarios normally experienced by USAREUR units/activities. Listed codes are the acceptable entries for the corresponding block numbers on the AGAR. If an appropriate entry cannot be located on this card, then DA Pam 385-40 must be referenced.

NOTE: *This card is a reference only and does not relieve units/activities from any reporting requirements or supplemental information that may be required by regulation.*

Block#3 - Class A - Army aircraft, missile destroyed; injury or occupational illness results in death or permanent total disability; reportable total property damage $1 million or more.

Class B - Reportable damage >$200K and <$1 million; injury or occupational illness results in permanent partial disability; or five or more personnel impatient hospitalized.

Class C - Reportable damage >$20K and <$200k; injury or occupational illness results in lost time from duties/work beyond the day the accident occurred, Does not include time individuals would have not normally worked, but does include time assigned to "quarters" if time extends into next normal duty period/shift.

Class D - Reportable total property damage is >$2K but <$20k.

(continued on next panel)

Block#5c - UNIT BRANCH: Two letter identifier for unit branch - e.g., Infantry - IN, Armor - AR etc.

Block#5d - MACOM: 1AD, 1ID, etc (UIC-)

Block#6B - TYPE LOCATION:

Maintenance/fabrication facility

A1 - Motor vehicle maintenance facility
A2 - Aircraft hanger
A4 - Engineer Facility
A5 – Other Maintenance Facility

Travel ways/routes

B1 - Pedestrian (sidewalk)
B2 - Vehicle trail (tracked/tactical)
B3 - Roadway (curb/shoulder/driveway)
B4 - Parking lot
B5 - Aircraft way (flightline/runway)
B6 - Railroad

Operational facilities

C1 - Office/admin building
C2 – Communications Facility
C3 - Construction site
C4 – Confinement/Law Enforcement Facility
C6 – Bridge
C6 – Dam
C11 - Vessel

Training areas

D1 - Range (small arms/ind wpns)
D2 - Range (crew-served wpns)
D3 - Range (aerial gunnery/bombing
D5 - Non-firing area (conf/obs crs/NBC/LZ/PZ/DZ)
D6 - Temporary training areas (assembly/bivouac)
D7 – EOD Range

Service Facilities

E2 - Chapel/church
E6 - Medical care facility
E7 - Fire Station
E9 - PX
E10 - Dining Facility
E15 – Laundry/cleaning Facility

Terrain/water locations

F1 - Sloped terrain (mountain/ditch)
F2 - wooded terrain
F3 - Open terrain
F4 - Moving water (stream/creek/river)
F5 - Standing water (lake ocean)

Storage Buildings/Areas

G1 - Storage building/bunkers (BLAHA, warehouse)
G2 - Outside storage area (POL/property disposal)

(continued on next panel)

Block#6b - TYPE LOCATION (cont'd):

Plants & Factories

H1 – Heating Plant
H3 – Electrical Generation Plant
H5 – Other industrial plants

Recreation

I1 - Indoor facilities
I2 - Outdoor facilities

Housing

J1 - Family quarters
J2 - BOQ/BEQ/Barracks

Terminal Areas

K1 - Airport
K2 - Rail yard/station
K3 - Port/dock/wharf
K4 - Vehicle terminal (Bus/truck)

Block#9: "Involved" means damaged or use/misuse contributed to the accident. Includes Army and non-Army property or equipment.

Block#9e - VEHICLE COLLISION (Type):

1 - Going forward and collided w/moving vehicle
2 - Going forward and collided w/parked vehicle
3 - Collision while backing
4 - Collision w/ pedestrian
5 - Collision w/ other object
6 - Overturned
7 - Ran off road
8 - Jackknifed
9 - Moving forward and rear ended moving vehicle
10 - Moving forward and rear ended stopped vehicle
11 - Collision while turning
12 - Other (specify)

Block#9f - FAILURE MODE:

01 - Overheated/melted/burned
02 - Froze (temperature)
03 - Obstructed/pinched/clogged
04 - Vibrated
05 - Rubbed/worn/frayed
06 - Corroded/rusted/pitted
07 - Overpressure/burst
08 - Pulled/stretched
09 - Twisted/torqued
10 - compressed/hit/punctured
11 - Bent/warped
12 - Sheared/cut
13 - Decayed/decomposed
14 - Electric current action
97 - Insufficient data

(continued on next panel)

Block#10 - See **Block#37** for input guidance

Block#13 - Personnel Classifications (most common):
a-Active Army, **b**-Army Civilian, **c**-Army Contractor, **d**-NAF, **e**-other US military, **r**-Foreign Nat'l Direct Hire, **s**-Foreign Nat'l indirect Hire, **u**-Foreign Nat'l attached to US Army, **v**-Public, **w**-not reported.

Block#14 - MOS: if in military status, must be 5 digit alpha-numeric designator. If technician, must be pay job-plan series/career field ID and Pay grade (WG-2182-09)

Block#20a - INJURY DEGREE (enter most severe):
A-Fatality, **B**-permanent total disability, **C**-permanent partial disability, **D**-lost time/days away from work, **E**-restricted work activity/light duty, **F**-First aid only, **G**-No injury (applies only to property damage incidents)

Block#20b - TYPE INJURY:
NA-none, **A**-Burns (chem), **B**-Burns (therm), **C**-Amputation, **E**-Asphyxiation, **F**-Fracture, **G**-Dislocation, **H**-Abrasion, **I**-Concussion, **J**-Sprain/Strain, **K**-Cuts/lacerations, **L**-Contusion, **M**-Puncture, **N**-Hernia/Rupture, **O**-Frostbite, **P**-Heatstroke, **Q**-Heat exhaustion, **S**-(specify)

Block#20c - BODY PARTS EFFECTED:
NA-none, **A**-Body (general, can't specify), **B**-Head, **C**-Forehead, **D**-Eyes, **E**-Nose, **F**-Jaw, **G**-Neck, **H**-Trunk, **I**-Chest, **J**-Heart, **K**-Back, **L**-Shoulder, **M**-Arm, **N**-Wrist, **O**-Hand, **P**-Fingers, **Q**-Leg, **R**-Knee, **S**-Ankle, **T**-Foot, **U**-Toes, **V**-other.

Block#20d - INJURY CAUSE:
NA-Not applicable, **A**-Struck against, **B**-Struck by, **C**-Fell from elevation, **D**-Fell from same level, **E**-Caught in/under/between, **F**-Rubbed/abraded, **G**-Bodily reaction, **H**-overexertion, **I**-exposure, **J**-External contact, **K**-Ingested, **L**-Inhaled, **M**-Thrown,

Block#23 - ACTIVITY/TASK:
A-Soldiering, **B**-Combat soldiering, **C**-Physical training, **D**-Weapons handling, **E**-Engineering/construction, **F**-communications, **G**-Security/Law enforcement, **H**-Firefighting, **I**-Patient care, **K**-Educational, **P**-Operation vehicle, **R**-Maintenance/service, **S**-Fabricating, **T**-Material/passenger handling, **U**-Housekeeping, **V**-Food prep, **W**-Supervisory, **X**-Office, **Z**-Sports, **BB**-Passenger, **CC**-Human Movement, **DD**-Horseplay, **EE**-Bystanding/Spectator, **FF**-Personal Hygiene/ eating/sleeping, **GG**-Parachuting.

(continued on next panel)

Block#25b - PROTECTIVE EQUIPMENT:
A-Seatbelt, **B**-Helmet, **C**-Goggles/eye glasses, **D**-Gloves, **E**-Earplugs, **F**-Other (specify).

Block#32 - TYPE TRAINING FACILITY:
A-Garrison, **B**-Local area, **C**-Major Area, **D**-NTC, **E**-JRTC, **F**-CMTC, **G**-Standard Range/live fire, **H**-Other (specify).

Block#36b - MISTAKE TYPE - Indicate mistake(s) made by individual in block #11 and for person most responsible for the accident. Explain in narrative.

General mistakes / errors
01 -Inadequate Planning
02 -Failed to lock, block, secure
03 -Inadequate insp/check of equipment
04 -failed to use req'd equip/guard/sign/signal
05 -Operating fatigued/not directed
06 -Improper use
07 -Improper lifting
08 -Failed to take appropriate precautions for environmental conditions (rain/fog/snow/etc.)
09 -Improper body position
10 -Improperly walked/ran/climbed
11 -Failed to remain alert/attentive
12 -Failed to ensure adequate clearance
13 -Misjudged clearance (improper estimate)
14 -Improper weapons handling
15 -Improper pryo/explosives handling
16 -Incorrectly pulled/pushed material
17 -Failed to grip/hold equip/material
18 -Inadequate crew coord/commo

Vehicle/Equipment Specific
40 -Excessive speed
41 -Improper passing
42 -Improper turning
43 -Failed to yield Right-of-way
44 -Failed to stop (sign/light/etc.)
45 -Improperly stopped/parked
46 -Improperly backed
47 -No ground guide
48 -Ground guided improperly
49 -Following too close for conditions/speed
50 -Driving in wrong lane
51 -Improper lane change
52 -Improper braking
53 -Improper gear shifting
54 -Abrupt control/steering (except while turning)
55 -Improper mount/dismount

(continued on next panel)

Block#36b - MISTAKE TYPE (cont'd)
56 -Operated with known malfunction/unsafe mechanical condition

Supervisor specific
75 -Improper personnel selection for task
76 -Knowingly allowed standards/procedures violation
77 -Failed to ensure proper personnel positions before operations
78 -Failed to adequately inform/brief for mission accomplishment
97 -Insufficient info reported to identify

Block#37 - Mistake (Root Causes): Choose one or more of the following failures and support (explain) choice:
Leader-Known standards/procedures not enforced.
Training-Standards exist, but school, unit, OJT or individual is inexperienced
Standards-Standards/procedures don't exist, aren't clear, practical or supportable.
Support-Shortcomings in type, quantity, condition of supplies, services, facilities, design, manufacture or personnel.
Individual-Standards are known but are not followed.

Block#38 - ENVIRONMENT/CONDITIONS PRESENT: **A**-Clear/dry, **B**-Bright/glare, **C**-Dark/dim, **D**-Fog/condensation/frost, **E**-Mist/rain/sleet/hail, **F**-Snow/ice, **G**-Dust/fumes/smoke/gases, **H**-Noise/static, **I**-Temperature/humidity (cold/hot), **J**-Storm, **K**-Wind, **L**-Vibration/shake, **M**-Radiation /laser/sun, **N**-Holes/rocks/rough/rutted, **O**-Inclined /steep, **P**-Slippery (non-precip), **R**-Lighting or static elec/grounding, **S**-Electromagnetic radiation, **T**-other (specify).

Upon notification of a mishap, activate your Pre-Accident Plan. Complete the AGAR as soon as possible after the mishap. Ensure unit/activity commander has reviewed and signed the AGAR. Forward the completed AGAR to the next higher command Safety activity within the required time frame per AR 385-40

SAFETY Telephone POCs:
HQUSAREUR Safety DSN: 370-8124
Comm: 49-6221-57-8124
HQ V Corps Safety DSN: 370-5673
USAREUR Duty Officer DSN: 370-8662

Further Assistance Contact

Your local safety office

Or

The US Army Europe Safety Office

DSN: 314-370-8084
COM: (49) 6221-57-808

Safety Seal of Approval

Visit us on the World Wide Web at:

http://www.per.hqusareur.army.mil/services/safetydivision/ma